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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-031424		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		1			53				
4	1		1				54				
5		1		1			55				
6		3		1			56				
7		3		1			57				
8		0		1			58				
9		0		1			59				
10		0		1			60				
11		0		1			61				
12		0		1			62				
13		0		1			63				
14							64				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		2				TOTAL IND.				
TOTAL DEP.	9		11				TOTAL DEP.				
TOTAL CLAIMS	10		13				TOTAL CLAIMS				

PTO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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